

BUDGET EXPENSE COST CENTER FORM FOR REQUEST YEAR

Organization Name _____

	PROGRAM AREAS (Please Specify)							Total Budget
	General Administration	Fund- Raising						
PERSONNEL								
Administrative Salaries/Benefits								
Artistic Salaries/Benefits								
Tech.Prod. Salaries/Benefits								
Education Salaries/Benefits								
Contracted Services								
--Artistic								
--Legal								
--Accounting								
--Technical/Production								
--Consultant								
--Other (Specify) _____								
PROGRAM/OPERATING EXPENSES								
Perf./Exhibit Hall Rental								
PR/Marketing/Development								
Remaining Program Expenses								
Special Fundraising Events								
Office Rental								
Utilities (include phone)								
Insurance								
Postage								
Printing								
Office Supplies								
Travel								
Dues/Subscriptions								
Equipment								
Depreciation								
Loan & Interest Repayment								
--City Loan								
--Other (Specify) _____								
Other (Specify) _____								
TOTAL EXPENSES								
% of TOTAL REVENUE*								

UA OPERATING SUPPORT GRANT REQUEST IS WHAT % OF TOTAL EXPENSES _____

CORAC OPERATING SUPPORT GRANT REQUEST IS WHAT % OF TOTAL EXPENSES _____

*If general administration and fundraising expenses combined are greater than 25% of total revenue, attach an explanation on a separate sheet of paper.